

<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small> </div> <div style="width: 20%;"> SERIAL NO. <div style="font-size: 1.5em; font-family: cursive;">09/07/1963</div> </div> <div style="width: 40%;"> FILING DATE </div> </div>					
CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15	1				
16					
17					
18					
19					
20					
21	1				
22					
23					
24					
25					
26					
27					
28					
29					
30	1				
31					
32					
33					
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44					
45					
46					
47					
48					
49					
50					
TOTAL IND.	3				
TOTAL DEP.	15				
TOTAL CLAIMS	18				

CLAIMS						
	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						